

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
AUG 02 2018

Bayfield Co. Zoning Dept.

Permit #:	18-0302
Date:	8-13-18
Amount Paid:	175 8-2-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: REX A Christiansen	Mailing Address: 12410 Cable Sunset Rd Cable WI 54821	City/State/Zip: Cable WI 54821	Telephone: 863-712 1526
Address of Property: 12410 Cable Sunset Rd	City/State/Zip: Cable WI 54821	Cell Phone:	
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 9390	Recorded Document: (file Property Ownership) 568 330	
PAR NE 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM
			Vol & Page 1060/182
		Lot(s) No.	Block(s) No.
Section 13, Township 43 N, Range 8 W	Town of: CABLE	Lot Size	Acreage 5

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 7,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
			<input type="checkbox"/>		<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 30 ft	Width: 12 ft	Height: 9 ft wall

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
		Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
		Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)		
	<input checked="" type="checkbox"/>	Other: (explain) Storage Shed mower tools (12 x 30)	(12 x 30)	360

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Veronda F. Nichols
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7-28-2018

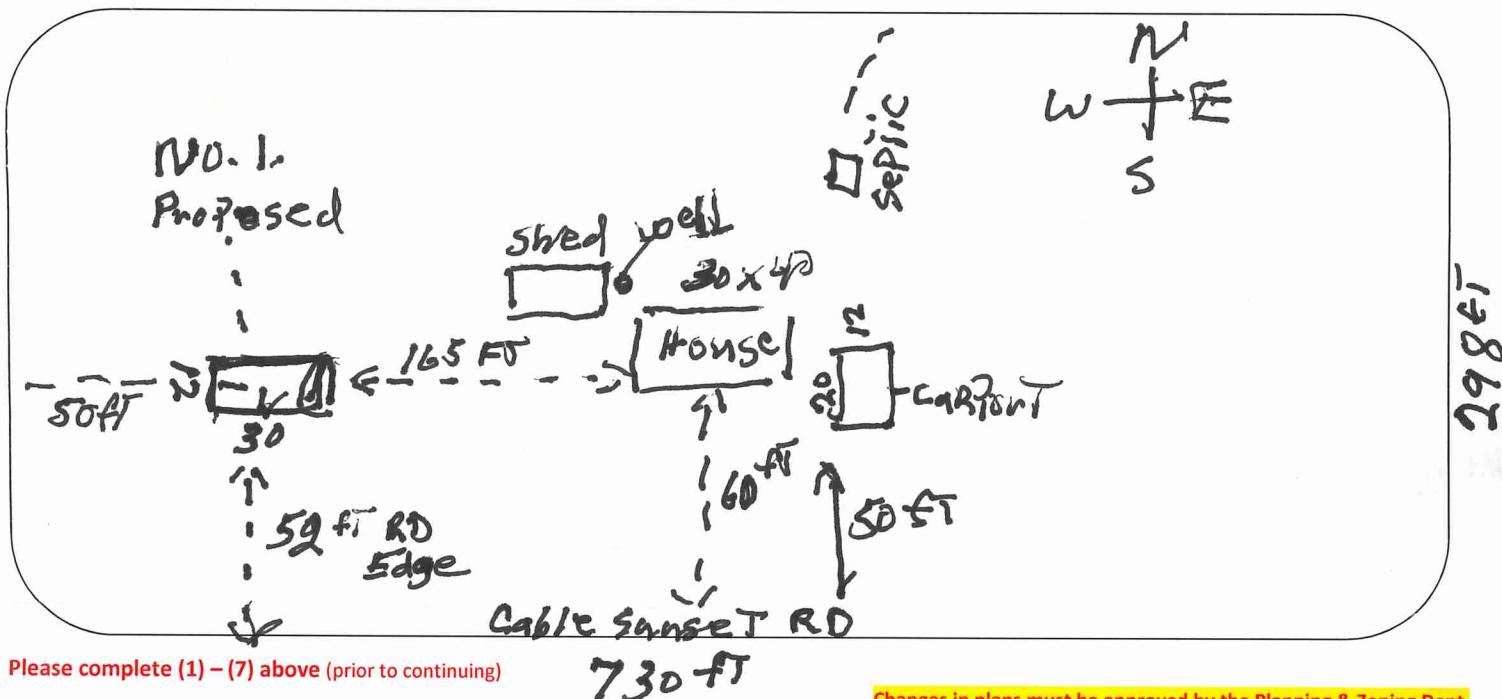
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: **Proposed Construction**
 (2) Show / Indicate: **North (N) on Plot Plan**
 (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 (4) Show: **All Existing Structures on your Property**
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	50 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	238 Feet		
Setback from the South Lot Line	52 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	30 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	650 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200+ Feet	Setback to Well	160 Feet
Setback to Drain Field	240+ Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 18-0302		Permit Date: 8-13-18					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: slab poured						Zoning District (R-2)	
						Lakes Classification (-)	
Date of Inspection: 8/9/18		Inspected by: [Signature]				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
Signature of Inspector: [Signature]						Date of Approval: 8/13/18	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

Town, City, Village, State or Federal
permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0302** Issued To: **Rex Christainsen & Veronda Nichols**

Par in
Location: **NE** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **13** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Shed (12' x 30') = 360 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 13, 2018

Date

hand Use Appl

Appears to be mis stamped per Rob

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 02 2017

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

18-0306

Date:

8-15-18

Amount Paid:

\$175 1-3-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Tillman + Padgett Co / Denise Hanson				Mailing Address: 10916 Jani Lane				City/State/Zip: Marengo, IL 60152				Telephone: 815-923-9677			
Address of Property: 16265 Village Kame Road				City/State/Zip: Cable, WI 54821								Cell Phone: 815-276-9163			
Contractor: N/A				Contractor Phone: N/A				Plumber: N/A				Plumber Phone: N/A			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A				Agent Phone: N/A				Agent Mailing Address (include City/State/Zip): N/A				Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R-564620					
1/4, 1/4		Gov't Lot		Lot(s) 20		CSM		Vol & Page 8-1164 489		Lot(s) No. 20		Block(s) No.		Subdivision: Village Kame	
Section 21, Township 43 N, Range 07 W				Town of: Cable				Lot Size				Acreage .430			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>M</u> If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>NO</u> If yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
Asessed \$88,600 12/2015	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Gravity-pit</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Short Term Rental	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>40</u>	Height: <u>20</u>
Proposed Construction: <u>NA</u>	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Class A</u>	(24 X 40)	1860
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>	Other: (explain) _____	(X)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Denise Hanson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12/15/19

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 10916 Jani Lane, Marengo, IL 60152

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

AUTHORIZATION TO SIGN??

NEEDS SANITARY PERMIT # + TYPE (1-30-18)

in the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- N/A (1) Show Location of: **Proposed Construction**
✓(2) Show / Indicate: **North (N) on Plot Plan**
✓(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
✓(4) Show: **All Existing Structures on your Property**
✓(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
N/A (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
N/A (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please see attached drawing

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	52 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	30 Feet		
Setback from the South Lot Line	75 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	120 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	23 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	160 Feet
Setback to Drain Field	44 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: system inspected - 2 bedroom sized	# of bedrooms: 2	Sanitary Date: 8-15-18
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0306		Permit Date: 8-15-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: 750 HT				Zoning District ()
				Lakes Classification ()
Date of Inspection: 1/4/18		Inspected by: Spaler		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Condition: Maximum occupancy limited to 6 based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.				
Signature of Inspector: Spaler				Date of Approval: 8/15/18
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0306** Issued To: **Tillman & Padgett Co**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **21** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **20** Block Subdivision **Village Kame** CSM#

For: **Residential Other: [1 – Unit; 1 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Maximum occupancy limited to 6 based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. For this owner only.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 15, 2018

Date